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Bib Data Sheet

CONFIRMATION NO. 1552

<b>SERIAL NUMBER</b> 10/602,727	<b>FILING OR 371(c) DATE</b> 06/25/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> PF596P1N
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/391,162 06/26/2002 and claims benefit of 60/468,651 05/08/2003  
 and claims benefit of 60/406,339 08/28/2002  
 and claims benefit of 60/417,305 10/10/2002  
 and claims benefit of 60/426,360 11/15/2002  
 and claims benefit of 60/434,807 12/20/2002  
 and claims benefit of 60/438,004 01/06/2003  
 and claims benefit of 60/443,858 01/31/2003  
 and claims benefit of 60/443,781 01/31/2003  
 and claims benefit of 60/454,613 03/17/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 96	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after conditions met <u>Allowance</u> Verified and <u>PA</u> Acknowledged Examiner's Signature Initials				

## ADDRESS

22195

## TITLE

Antibodies against protective antigen

<b>FILING FEE RECEIVED</b> 2500	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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